

# Asbestos Waste Shipment Record Form

1076225 - R8 SDMS

Generator	1. Work site name and mailing address <b>Troy Asbestos Property Evaluation DEQ Troy Information Center 303 N. 3<sup>rd</sup> Avenue, Troy, MT 59935</b>		Owner's name <b>Montana DEQ</b>	Owner's telephone number <b>(406) 295-9238</b>
	2. Operator's name and address <b>DEQ Troy Information Center 303 N. 3<sup>rd</sup> Avenue, Troy, MT 59935</b>			Operator's telephone no. <b>(406) 295-9238</b>
	3. Waste disposal site (WDS) name, mailing address, and physical site location <b>Lincoln County Landfill 4000 Pipe Creek Road Libby, Montana</b>			WDS phone number <b>(406) 293-7146</b>
	4. Name and address of responsible agency (on behalf of the United States Environmental Protection Agency) <b>Montana DEQ, PO Box 200901, Helena, Montana 59620-0901</b>			
	5. Description of materials <b>Asbestos Contaminated Waste</b>	6. Containers No. Type	7. Total Quantity m <sup>3</sup> (yd <sup>3</sup> )	
	8. Special handling instructions and additional information			
	9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
Transporter	Printed/typed name and title Address and telephone no.		Signature	Month /Day/ Year
	10. Transporter 1 (Acknowledgement of receipt of materials)			
	Printed/typed name and title Address and telephone no.		Signature	Month /Day /Year
	11. Transporter 2 (Acknowledgement of receipt of materials)			
Disposal site	Printed/typed name and title Address and telephone no.		Signature	Month/ Day /Year
	12. Discrepancy indication space			
	13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.			
	Printed/typed name & title		Signature	Month/ Day/ Year